

EXPERT WITNESS APPLICATION

SECTION A: APPLICANT INFORMATION					
Last Name		First Name		Middle Name	
Business Address		City	State	Zip Code	
Home Address			State	Zip Code	
Home Phone Number			Alternate Phone Number (work or cell)		
Email Address:					
License Type	License Number			Issue Date	
License Type	License Number			Issue Date	
SECTION B: AREA OF EXPERTISE (Check all that apply)					
<input type="checkbox"/>	Waxing	<input type="checkbox"/>	Eyelash Extensions/Tinting	<input type="checkbox"/>	Keratin Treatments
<input type="checkbox"/>	Bikini /Brazilian Wax	<input type="checkbox"/>	Facials/Peels	<input type="checkbox"/>	Hair Color
<input type="checkbox"/>	Perms/Relaxers	<input type="checkbox"/>	Manicures/Pedicures	<input type="checkbox"/>	African American Hair
SECTION C: EDUCATION					
Name of School Attended				Date Graduated	
Please list all Continuing Education Classes you attended and the date that are applicable to your area of expertise.					
Class		Provider		Date	
SECTION D: QUALIFICATIONS (Attach additional pages as needed)					
Why do you feel you are qualified to be an expert witness, what contributions can you bring to the program?					

SECTION E: REFERENCES		
Name	Phone Number	Occupation
SECTION F: CERTIFICATION		
Have you ever been convicted of, or pled no contest to, a violation of any law of the United States, any state or local jurisdiction, or any foreign country? <input type="checkbox"/> No <input type="checkbox"/> Yes		
If yes, attach an explanation.		
Have you ever had any professional or vocational license or registration denied, suspended, revoked, placed on probation or other disciplinary action taken by this or any other governmental authority in this state or any other state, or any foreign country? <input type="checkbox"/> No <input type="checkbox"/> Yes		
If yes, attach an explanation that includes the license type, the action taken, by what state and agency, and the date. Also include a copy of any administrative action, and if applicable, copies of arrest records, court documents, verification of restitution received by the court, and verification of successful completion any terms ordered by the court and completion of probation.		
<i>I hereby certify under penalty of perjury under the laws of the State of California that all statements furnished in connection with this application are true and accurate.</i>		
<i>Further, I certify that I have read and understand the disclaimer listed below.</i>		
Signature of Applicant	Date	
Disclaimer: Licenses are prohibited from making any claim or any advertisement in which they represent themselves as being affiliated in any way with the Board of Barbering and Cosmetology. Licensees shall not represent themselves as being an expert, or Board "expert", hold themselves out as holding any credential, or use any designation based on their participation in the Expert Witness Program. By signing this application you indicate that you understand the prohibitions concerning Board affiliation and advertising.		

Instructions:

Please mail in your completed application to the address listed on the front of the application to Jennifer Porcalla's attention.

Please include the following with your completed application.

- A copy of your current resume
- Copies of any certifications or certificate's that you have received in your area of expertise
- Any additional information

The Board will only consider applications that are completely filled out.

If you have any questions you can email them to Jennifer.porcalla@dca.ca.gov.